AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____, hereinafter called DEBTOR

DEBTOR hereby authorizes Myron Bowling Auctioneers, Inc., hereinafter called MBA, to initiate debit entries to its Checking Account indicated below for payments amount owing to MBA for _____, at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U. S. law.

DEBTOR warrants (i) that, if DEBTOR is a natural person, the account is maintained primarily for commercial purposes and not for personal, family or household purposes; (ii) that the signature(s) below are all the signature(s) necessary to make this Authorization effective as to entries to the account; and (iii) DEBTOR will continue to maintain the account while this Authorization is in effect. MBA is not liable for any act or omission of any automated clearing house, depository, or other person, including the originating depository financial institution. DEBTOR will indemnify and hold MBA harmless for any and all claims, demands, losses, liabilities or expense, including attorneys' fees and expenses, directly or indirectly resulting or arising out of the breach of these warranties and representations or if any check or withdrawal is dishonored or refused as a result of a transfer made pursuant to this authorization. If the automated debit entry is returned because of insufficient funds or no open account, MBA will assess and DEBTOR agrees that it shall be liable for a charge of $25.00.

Depository
Name _____Branch_____

City _____State _____Zip_____

Routing Number _____   Account Number _____

This authorization is to remain in full force and effect until MBA has received written notification from us of its termination in such time and in such manner as to afford MBA and DEPOSITORY a reasonable opportunity to act on it.

DEBTOR
Name: _____

By: _____

Print Name: _____

Title: _____

Date: _____

- **Type or print legibly in blue or black ink**

- **Fill out completely**

- **Attach voided blank check**

NOTE: DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.